DEST AVAILABLE CODY													
.)									cation or Docket Number				
PATENT APPLICATION TEE DETERMINATION RECORD												<i>f</i>	
Effective October 1, 2000													
CLAIMS AS FILED - PART I									ппч	/	OTHER	THAN	
(Column 1) (Calumn 2)								E		OR	SMALLE		
TC	TAL CLAIMS		4			6750 3	R	RATE FEE			RATE	FEE	
FOR			AU MARCE C	" CD	NUMBER EXTRA		BAS	BASIC FEE		IOR	BASIC FEE	8/1	
_			NUMBER FILED		RORBEREATTA					On		- 64	
то	TAL CHARGEA	BLE CLAIMS	5min	us 20=	•		X	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•		X	X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT			П	5						
							+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	860	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
// (Column 1) (Column 2) (Column 3)							SA	ALL I	ENTITY	OR	SMALLE	NTITY	
A T	12/1/	CL^IMS REMAINING	Post	HIG)		PRESENT EXTRA	RATE		ADDI- TIONAL FEE			ADDI-	
	1. 2/12/	AFTER		PREVI	OUSLY			ATE			RATE	TIONAL FEE	
ME	-1 / /	AMENDMENT	MENT STATE	PAID	FOR		<u> </u>		FEE		V240	rec	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							٥٢			+270=		
					,			35=		OR			
								ADOIT, FEE		OR	TOTAL ADDIT, FEE		
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AMENDMENT B		CLAIMS REMAINING AFTER	2712		KEST KBER	PRESENT			ADDI-			ADDI-	
				PREVIO	OUSLY	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE		
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	(Column 1) (Column 2) (Column 3)												
l _O	máss na a a mac.	CLAIMS REMAINING	- VA	HIG	HEST MBER	PRESENT			ADDI-	1		ADDI-	
j	rjöljus :	AFTER		PREV	IQUSLY	EXTRA	P	ATE	TIONAL		RATE	TIONAL	
E	<u> </u>	AMENDMENT	The State of the S		FOR	-	 		FEE	┨		FEE	
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AMENDMENT C	Independent	<u> </u>	Minus	•••		-	X	40=		OR	X80=		
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							+	135=		OR	+270=	<u> </u>	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Pard For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	ADDIT. FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter 20. ADDIT. FEE													
1	THE HIGHEST NO.	INSI FIBRIOUSIY PO	SOFO (TORESO	····oepai						••			

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